



CALIFORNIA STUDENT AID COMMISSION

COLLEGE COST ESTIMATE 1998-99

Please return this form by January 16, 1998

Grant Services Division
P.O. Box 419027
Rancho Cordova, CA
95741-9027

SIDE A: Undergraduate and/or Vocational/Technical Schools

School Name	City/Location
Program/Course Name	USDE # _____
Program/Course Length _____ Check One: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Title IV # _____ Note: Student should list the Title IV code on the FAFSA.

Vocational/Technical Programs Only: # of Months _____ # of Clock Hours _____ # of Credit Hours _____

If an award recipient at your institution qualifies for both Cal Grant A and B, please indicate award preference: Cal Grant A _____ Cal Grant B _____

In 1998-99 required attendance will be: (Do not include optional enrollment periods)

Year Round:

- | | | |
|---|---|---|
| <input type="checkbox"/> 2 semester (9 mos) | <input type="checkbox"/> 3 trimester (11 mos) | <input type="checkbox"/> other, please specify: _____ |
| <input type="checkbox"/> 2 trimesters (9 mos) | <input type="checkbox"/> 4 quarters (12 mos) | <input type="checkbox"/> 3 quarters (9 mos) |

1998-99 Start dates for the terms indicated above: _____

Fall

Winter

Spring

Summer

1998-99 Costs for the enrollment period listed above:

TUITION FOR UNDERGRADUATE AND/OR VOCATIONAL/TECHNICAL PROGRAMS

Tuition charge for normal undergraduate program. (Vocational/Technical Schools - Please list highest tuition charged to all students within the course. The Commission will use the highest rate when calculating awards. Payments will be adjusted by you according to actual tuition charged on the Grant Roster.)

TUITION
FOR 1998-99 \$ _____

FEES FOR UNDERGRADUATE AND/OR VOCATIONAL/TECHNICAL PROGRAMS

Fees are **universal** required fees, e.g., those charged each and every student. Application, one time registration, special course fees, etc., should **not** be listed. Health fees which are not charged to commuting students or to students with private health insurance should not be listed. Please itemize fees.

FEE TYPE	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ROOM AND BOARD - ON CAMPUS - FOR UNDERGRADUATE AND/OR VOCATIONAL/TECHNICAL PROGRAMS

List charges for room and board in school facilities. If your student budget includes an allowance for extra meals not included in campus meal plans, the extra amount can be included in the board amount. If your campus does not have institutional dorm facilities, please indicate by writing "N/A".

ROOM/BOARD \$ _____

ROOM/BOARD FEES INDICATED ABOVE COVER
MONTHS _____

FIVE YEAR ACADEMIC PROGRAMS

List below all undergraduate programs offered by your school that require **all** participants to complete more than the equivalent of four years of study to acquire the Bachelor's degree. "Fifth Year" benefits are available only to current recipients enrolled in those programs you have designated below. If this program is not listed on the current California Student Aid Commission list of eligible 5-year programs, please contact the Grant Services Branch.

Program _____

Program _____

Program _____

Program _____

School Certification

I certify that the above information is true and correct to the best of my knowledge.

Signature

Name (please type or print)

Title

Phone

Date

SIDE B: Graduate/Professional Schools

School Name	City/Location
Program Name	USDE Code # _____
1998-99 required attendance will be: (Do not Include optional enrollment periods)	Title IV # _____ Note: Student should list the Title IV code on the FAFSA.

Year Round:

<input type="checkbox"/> 2 semester (9 mos)	<input type="checkbox"/> 3 trimester (11 mos)	<input type="checkbox"/> other, please specify:
<input type="checkbox"/> 2 trimesters (9 mos)	<input type="checkbox"/> 4 quarters (12 mos)	<input type="checkbox"/> 3 quarters (9 mos)

1998-99 Start dates for the terms indicated above: _____

_____ Fall _____ Winter _____ Spring _____ Summer

Please indicate the tuition and/or required fees which will be charged **all** full-time graduate or professional students at your institution for the enrollment period listed above.

A. Tuition charge should be for a normal, maximum full-time graduate or professional school program.

B. Fees are **universal** required fees, e.g., only those charged each and every graduate or professional student enrolled. Application, special course fees, parking, laboratory fees, graduation, optional health fees, or other optional fees, etc., should **not** be listed.

GRADUATE STUDENT LEVEL				
1997 - 98	First Year	Second Year	Third Year	Fourth Year
Tuition (maximum)*	\$	\$	\$	\$
Mandatory Fees (please list)				
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
Total Per Year	\$	\$	\$	\$

*If tuition charges vary among disciplines within the program indicated, please complete a separate sheet for each. Use maximum units allowed. If tuition amounts vary from semester to semester, etc., please attach a separate sheet itemizing the costs.

Tuition (maximum) reported reflects an annual unit load of _____ units at a cost of \$ _____ per unit.

The minimum full-time unit load required to retain full-time standing in this graduate school is _____ units per academic term.

Please indicate the amount of books and supplies cost you will use for student budgets at each graduate year level for the next academic year. (The Commission will consider documented costs above \$648.00, the standard allowance for 1998-99.)

First Year	Second Year	Third Year	Fourth Year
\$	\$	\$	\$

School Certification

I certify that the above information is true and correct to the best of my knowledge.

Signature	Name (please type or print)
Title	Phone
	Date